

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection 103 South Main Street Waterbury, VT 05671-2306 http://www.dail.vermont.gov Voice/TTY (802) 871-3317

To Report Adult Abuse: (800) 564-1612

Fax (802) 871-3318

October 16, 2015

Ms. Devida Deluca, Manager Living Well Residence 1200 North Avenue Burlington, VT 05408-1004

Dear Ms. Deluca:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on August 24, 2015. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN

amlaMCoaRN

Licensing Chief



PRINTED: 09/02/2015 FORM APPROVED

Division	of Licensing and Pro	otection	<u> </u>		·		
	NT OF DEFICIENCIES OF CORRECTION		DER/SUPPLIE FICATION NUI			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		054:	}		B. WING		C 08/24/2015
NAME OF	PROVIDER OR SUPPLIER					STATE, ZIP CODE	
LIVING	WELL RESIDENCE			71 MAPLE BRISTOL,	STREET VT 05443		
(X4: II)	SUMMARY ST	TEMENT OF	DEF.CIENCIES		ID	PROVIDER'S PLAN OF C	
PREFIX TAG	(EACH DEF.CIENC) REGULATORY OR L	Z MUST BE PI	RECEDED BY	FULL	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	IE APPROPRIATE - DATE
R100	Initial Comments:				R100		
	An unannounced of was conducted by Protection on 8/24/identification of the	the Divisio 15 and res	n of Licens ulted in	ing and			
R126 SS=D	S V. RESIDENT CAF	RE AND H	ME SERV	ICES	R126	1	
00-0						see attached	
	5.5 General Care				!	! !	
	5.5.a Upon a residential care holded be provided or arrapersonal, psychosoneods.	me, neces	sary servic bet the res	ident's			
	This REQUIREME	NT is not	met as evi	denced			
	by: Based on staff inte home failed to prov meet the personal of 1 of 3 applicable	ide appro and psych	priate supe osocial car	rvision to e needs			
	Findings include: Per record review lassessment, dated deterioration in his	l 1/5/15, re /her status	lected a both phys	sically and			
	cognitively, indicati ability for decision A care plan, dated harm due to cogni	making wa 5/4/15, ide ive impairi	s severely entified a ris ment relate	impaired. sk for ed to			:
	wandering and cor activities without in included: permit to safe region/param	jury. The postive eters; mo	lan of action and amburnitor activity	on late within ies closely			
	allow for ambuild with supervision - I	ation short	distances distances	outside. return	;		
Division of LABORATO	Licensing and Protection RY DIRECTOR'S OR PROVI			-	GNATURE	TITLE	(X6) DATE
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	11. 14 0	(larsen	1 12/12/12/1	LA CENT		September 15, 2	U15

RIAL - RIBB Pocs accepted as encircled on attached pages 10/15/15 Princetaria

Sep 08 1	15 02:55p Jear	na Lavalle	е			180245366	361	p.4
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Division :	of Licensing and Pro	tection					F	ORIVI AFFICOVED
STATEMEN	T OF DEFICIENCIES	(X1) PROV	DER/SUPPLIE		(X2) MULT:P	LE CONSTRUCTION	(X3	DATE SURVEY COMPLETED
AND PLAN	OF CORRECTION	IDENT	FICATION NUM	i NBER:	A. BUILDING			COMPTETED
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		054	3	 	B WING			08/24/2015
NAME OF F	PROVIDER OR SUPPLIER			:	•	STATE, ZIP CODE		
LIVING W	VELL RESIDENCE		 	71 MAPLE				
					VT 05443	PROVIDER'S PLAN C	E CORRECTION	(cx;
(X4) f0 PREFIX	SUMMARY SYA (BAGH DEPIGIENCY	MUST BE P	RECEDED BY I	FULL	1 JU PREFIX	(EACH CORRECTIVE A)	CTION SHOULD BE	COMPLETE
TAG	REGULATORY OR L	SC IDENTIFY	ING INFORMA	TION)	TAG	CROSS-REFERENCED TO DEFICIE		IE EWEE
				i	R126			:
R126	Continued From pa	-		<u>;</u>	K120			
	within 20 minutes. I	ogress i	otes from I	May				
	through July 2015 a usually informed sta	ndicated t	hat the resi	uent leaving				
	for a walk. A progre	ss nole, c	lated 8/10/1	15.				
	indicated that some	time on th	e late after	noon of	¥ V			'
	8/7/15, the resident	had told	staff that s/	he was	į			
	going to take a wall	k and, alth	bugh the n	ote did	() {			
	not indicate the tim							
	returned to the hom	ne around	7 PM by a		2 3			
	community membe	r who toui	na ine resid	jeni alu 1 mila	į.			
	wandering down a from the home, and	steep nii a Lwell outs	de the pre	vioustv vioustv				•
	determined 2 block				:			
	indicated that the c				1			
	reported the reside	nt was lim	ibing and e	xhibited	;			
	confusion in that s/	he did not	know wher	e s/he	i			
	was or how to get h	rome. And	ther note, o	dated	1	· 		•
	8/13/15, indicated t	hat the re	sident had	reportedly				
	gone to sit outside							
	8:15 PM that eveni- wandered off, without	ny and su Sitets#fkr	rowledge S	: Staff	•			
	became concerned	at approx	dimately 8:4	15 PM	•			
	when it became da	rk and the	ly could not	locate	}	\		•
	the resident Upon	searching	the reside	nt was)	į		•
	again found wande	ring, outsi	ide the 2 bli	ock				
	radius, down the st	eep hill ar	proximate	y a mile	i			
	from the home. De change in wandering	spite this	recent bena	ityliched Ivior				
	change in wanden. , walking parameter	ig outside	s the wand	ėrina ėrina	1			
	away from the hom	ne without	staff knowl	edge,	1			
	there was no evide	nce to su	gest that s	taff were		*		
	monitoring/supervi	sing the re	sident's ac	tivities on	:	1		
	a more frequent ba	esis and si	bsequently) ل	y ,	1			
	Resident#1 again	exited fro	m the home	on the	1			
	evening of 8/22/15	and was	found by a		•			
	community membersteep hill, confused	er at the pi	ding for a l	ime to do]			
	back to the home.	and tem	an.g. 107 a 1	inc, to go	:			
			Ì	į	i			
	During interview, o	n the afte	rhoon of 8/2	24/15, the	<u>i</u>			
	icensing and Protection				¢899	EEKE11	15	continuation sheet 2 of 6
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Jeana Lavallee

Sep 08 15 02:56p

Division	of Licensing and Pro	tection.					PRINTED: 09/02/20 FORM APPROVE	
	CF DEFICIENCIES		DER/SUPPLIE	R/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENT			FICATION NU		A. BURDING.		COMPLETED	
							С	
		054	ļ.	!	B. WING		08/24/2015	
		L		0-0557.00	DECO OITY O	TATE 210 OODS		
NAME OF P	ROVIDER OR SUPPLIER					TATE, ZIP CODE		
LIVING W	ELL RESIDENCE			71 MAPLE BRISTOL,				
			C-C #10(E+101E)			PROVIDER'S PLAN OF CORRECTS	ON (X5)	
(X4) ID PREFIX TAG	SUMMARY STA (FACH DEFICIENCY REGULATORY OR LI	MUST BE P	RECEDED BY	FULL	ID PREFIX TAG	(LACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D B C COMPLEY	E
R126	Continued From pa	ge 2			R126		•	
	home's Administrati	or and DN	S (Director	of	1		:	
•	Nursing Services) b	oth ackno	wledged th	et	Ì		•	
	Resident #1 had re-	cently, on	3 separate				,	
	occasions, wandere	ed outside	the establi	shea iwa				
	block area of the vill without staff knowled	liage and	DNS agree	d that the				
	resident's recent be							
	closer supervision l				į		;	
		-,						
R145 SS=D	V. RESIDENT CAR	RE AND H	OME SERV	/ICES	R145	see attached	i	
	5.9.c (2)		<u> </u>	· :				
	Oversee developm each resident that i	ent of a w s based o	itten plan o h abilities a	of care for . Ind needs			•	
	as identified in the							
	of care must descri				'			
	necessary to assist			tain				
	independence and	well-being	[;	:				
	This REQUIREMED by:	NT is not	met as evi	denced	; !			
	Based on staff inte	rviews and	record rev	view the				
	care plan, for one of	of three ap	iplicable re	sidents.	;			
	had not been revise	ed to refle	ct the resid	ent's	İ			
	current status and							
	assist him/her to sa independence and	arety main well-heint	(Residen	: i:#1).				
	Findings include:	Well-beni	1. (1.00.001	1"'''	!			
	, mango moroco.							
	Per record review l				; ;			
	the home in February	ary 2013 v	vith medica	ll 	:			
	conditions that incl	uded dem	entia. The	most most				
	current resident as 1/5/15, reflected a	sessment deterioret	no in the re	eidents	;			
	status, both physic	aliv and o	ganitively. I	ndicating				
	that the resident's	cognitive a	ability for de	ecision			:	
	making was severe	ely impaire	ed. Á care,p	an, dated	:		:	
57 - 7 - 7 - 2 - 2 - 2	sensing and Projection			<u> </u>	!	1		

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If continuation sheet, 3 of 6

Sep 08	15 02:56p Jear	na Lavallee			18024536661	p.6
						PRINTED: 09/02/2015 FORM APPROVED
STATEMEN	of Licensing and Pro of Deficiencies of Correction	tection (X1) PROVIDER/SU (DENTIFICATION)		1	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
•		0543		8. WING	a dialah sasaka katawa dialah katawa katawa pengerapangan peminakan at masir aya k	C 08/24/2015
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE	
LIVING V	VELL RESIDENCE			E STREET , VT 05443		
(X4) ID PREFIX TAG	(EACH DÉFICIÉNC)	I EMENT OF DEFICIE MUST BE PRECEDE SC IDENTIFYING INF	ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETE
R145	Continued From pa	ge 3	!	R145		
-	5/4/15, identified a					
	impairment related and cited a goal of	to wandering ar safe activities w	ia contusion, Ithout injury.	1		į
	The plan of action i	ncluded: þermi	t to be active	į		!
	and ambulate within monitor activities of	n safe regjon/pa oselv - ailow fo	rameters; r ambulation	:		!
	short distances out	side, with super	vision - two			<u>.</u>
	block radius and re	turn within 20 m	inutes.	Ţ		
	Progress notes from indicated that the re	n iviay iniqugii a esident ushaliv ii	niy 2015 nformed staff	;		
	of when s/he was le	eaving for a wall	k. A progress	į		;
	note, dated 8/10/15	i, indicated that	sometime on	}		i I
	the late afternoon o			į		•
	staff that s/he was although the note d					
	resident left, s/he w	na not indicate ti vas returned to t	he inne ine he home	1		
	around 7 PM by a	community mem	ber who found	1		; i
	the resident wande	ring gown a ster	ep hil[ˈ			
	approximately 1 mi	le from the hom	e, and well	ì		•
	outside the previou The note further in	siy determined.	z płock radios. community	:		
	member had report	ted the resident	was limping	4		
	and exhibited confu	usion in thật s/he	e did not know	:		
	where s/he was or	how to get home	e. Another	÷		
	note, dated 8/13/15 had reportedly gon	o, indicated that e to sit outside t	he house at	1		· ·
	approximately 8:15			:	•	
	subsequently wand	lered off, vyithou	t staff	j		
	, knowledge. Śtaff bo ≟ approximately 8:45	ecame concerne	ed at j	5	j 	,
!	 approximately 6.40 they could not local 	te the resident	Upon			
	searching, the resid	dent was again i	found;	•		
	wandering, outside	the 2 block rad	ius, down the	<u>;</u>		
	steep hill approxim	ately a mile from	n the home.			
	Despite this recent outside of the estal	uenavior gnang blished walking	parameter, as			
	well as the wander	ing away from the	ne home		?	
	 without staff knowle 	edge, the ¢are p	lan was not	:	<u>.</u>	
	revised to reflect a	n obvious heed	for closer		:	
0	supervision. Subse	equentry, and alt	nondii su	<u>:</u>		
DIVISION OF L STATE FOR				6570	FEKF11	Econtinuation sheet 4 of 6

Sep 08 15 0	02:57p Je	ana Lavallee	:		18024536661	p.7
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Division of L	Licensing and Pr	rotection				
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION N			LE CONSTRUCTION :-	(X3) DATE SURVEY COMPLETED
		. 0543		B. WING		C 08/24/2015
JAME OF PROV	OVIDER OR SUPPLIER	\	STREET AL	DDRESS, CITY,	STATE, ZIP CODE	
IVING WEL	LL RESIDENCE			E STREET ., VT 05443		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCE OF MUST BE PRECEDED BY LSC IDEN HEYING INFORM	/ FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE COMPLETE
R145 Co	ontinued From p	age 4	:	: R145		HAMPING TO THE PARTY OF THE PAR
ince Re tha me con the to res his ind Du hor Nu Re occ blo wit res clo this pla	ncident report, da lesident #1 had, a lesident #1 had, a lesident #1 had, a lember at the both on fused and refunction to reflect a need for esident in a mannis/her safety while independence and luring interview, come's Administratursing Services) lesident #1 had recessions, wande lock area of the voithout staff know esident's recent bloser supervision his recent change lan had not been	ted 8/22/15, revealed again, eloped from the vas found by a committom of the same stee sing, for a time, to go a plan had still not be or closer supervision her that would help as e maintaining a sense	e home unity phill, back to en revised of the soure of cof dephill, ed that the ed for despite lent's care t need.			see attached
SS=D 5.1	.12.b.(2)			*		see attached
Air res nu of ne tele res pro ane sig	record for each esident's name, a umbers; name, a f any legal represext of kin; physic elephone number esident's death; throgress notes read subsequent for igned admission.	resident which include mergency notification address and telephon sentative or if there is instructions in case he resident's assessing arding any accident of allerging agreement a recent resident, unless the	n enumber shone, the and of ment(s); or incident es; a		•	
<u> </u>	nsing and Protection		<u> </u>	Casa	FEKF11	It continuation sheet 5 of
of ne tele res pro and sig pho ision of Licens	f any legal represext of kin; physic elephone number esident's death; throgress notes read subsequent for igned admission hotograph of the	sentative or if there is ian's name, address ; instructions in case he resident's assessi garding any accident ollow-up; list of allergi	s hone, the and of ment(s); or incident es; a		FEKF11	

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Division of Licensing and Pro	otection	2						
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPI IDENTIFICATION		1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
	0543		B. WING		C 08/24/2015			
NAME OF PROVIDER OR SUPPLIER		STREETA	DORESS, CITY, S	TATE, ZIP CODE				
LIVING WELL RESIDENCE	and in the section of	;	71 MAPLE STREET BRISTOL, VT 05443					
PRETIX (EACH DEFICIENC)	TEMENT OF DEFICIENT Y MUST BE PRECEDED SO IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIUER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE COMPLETE			
R188 Continued From pa	ige 5		R188		•			
objects; a copy of t directives, if any co document giving le	impleted; and a co	py of the						
This REQUIREME by: Based on record re record for 1 of 3 ap	eview and staff inte	rview, the did not						
include a progress which the resident staff knowledge. (F	exited from the ho Resident #{), Findi	me without ngs, include:						
Per record review to plan with establish walks within a 2 blue found wandering waithout staff knowlubetween 8/7/2015	ed parameters for ook radius of the h rell outside those p edge, on 3 separa and 8/22/15. Altho	unescorted ome, was parameters, te occasions ugh the	5 :					
incidents that occumere reflected in parecord, there was record of the incide evening of 8/22/15 found wandering of 1 mile from the holds.	rred on 8/7/15 and rogress notes in the control of the control of the control of the resid own a steep hill appropriate the control of the co	l 8/13/15 ne resident's in his/her in the ent was		·				
During interview, on DNS (Director of Nack of documenta resident's record.	lursing Services) c	anfirmed the	e .					
Division of Licensing and Protection STATE FORM			0490 E	EKF11	if continuation sheet 6 of 6			

Living Well Residence, Bristol Vermont

Plan of Correction: Survey dated 8/24/2015

Corrections:

V. 5.5 a General Care: Regarding personal, psychosocial, nursing and medical care needs unmet:

The following actions were taken and implemented into resident care: Effective immediately (8/24/2015)

- Thorough review of resident's plan of care and negotiated risk agreement were conducted on the day of the survey (8/24/2015). Discussion ensued with resident's son/DPOA to review his wishes which were outlined in specific detail in the current negotiated risk agreement. During this discussion our team review with son/DPOA his wishes for his mother to have freedom to walk outside of the building. Our discussions then addressed whether staff responses to his mother's walking were in alignment with his wishes outlined in the negotiated risk agreement. Based upon this conversation, we mutually agreed that our response to her walking independently in Bristol was consistent with what was outlined and agreed upon in the negotiated risk agreement.
- Resident's care plan was reviewed to address the safety goals outlined by state surveyor, although these factors were addressed in the resident's negotiated risk agreement. The resident's care plan was updated in consultation with son/DPOA to outline safety goals while the resident is walking outside of the building. The revised care plan states that should the resident leave the building for a walk, she will have supervision for her walk.
- Resident's negotiated risk agreement was revised with her son/DPOA and updated to outline his wishes in light of the resident's current condition. He continues to wish for her to have as much independence in walking as possible while observing her safety.
- Safety guidelines for residents who require supervision walking outdoors were written and reviewed with care giving staff. The guidelines address steps to follow for residents walking safely outdoors; this serves in conjunction with our elopement guidelines for residents.
- Marshall's Security Service in Middlebury VT has been contacted and will be placing an alarm system on the primary doors of the residence building to notify staff when a resident leaves the building unattended. Expected date of completion and installation: November 1, 2015.

Systemic changes made to ensure deficient practices do not recur: Effective immediately (8/27/2015)

- Implementation of new safety guidelines for residents who require supervision walking outdoors in addition to our elopement guidelines were written and reviewed with all staff at two of the most recent staff meetings (8/27/2015, 9/3/2015). This addresses safety issues so that any resident who is deemed needing supervision, will be attended to and observed while walking outdoors.
- The Living Well Residence Director of Nursing will seek clarification and guidance from the state regulatory body DLP regarding understanding, regulation and implementation of "negotiated risk agreements" for residents in residential care settings.

How Practices Are Being Monitored to Prevent Recurrence: Effective immediately (9/1/2015) and ongoing

- On a monthly basis at the residential care staff meeting, resident status is reviewed. At that time all
 residents requiring supervisory care outside of the building will have their plans of care reviewed
 with staff to ensure that the safety guidelines are being followed.
- Any resident elopement will be reviewed at the time of elopement event, to identify whether the process broke down, and to immediately implement improvement at that time.
- Quarterly review of incident reports will be conducted with the residence manager, and the director of nursing to track whether the safety guidelines are being implemented effectively.
- V. 5.9b Resident Care and Home Services: Plan of Care
- V. 5.12c Resident Care and Home Services: Progress Note

The following actions were taken and implemented into resident care: Effective immediately (9/3/2015)

- Care plan for the resident in question was updated on the date of the survey to reflect the changes in supervision required for walking safely outside the building.
- Progress note for the resident in question on her event that occurred two days prior to surveyor visit
 was documented in the nursing notes as a late entry.

Systemic changes made to ensure deficient practices do not recur: Effective immediately (9/3/2015)

- Resident status are reviewed monthly during the staff meetings and any updates or changes to care plans will be made at that time; and/or amended at any other time changes are noted.
- Staff were given education and training at the most recent staff meeting (9/3/2015) on proper documentation of resident events.

How Practices Are Being Monitored to Prevent Recurrence: Effective Immediately (9/3/2015) and ongoing

- Nursing Director and Staff Manager for the Residence will implement process of weekly auditing of
 documentation to ensure its accuracy and completion (effective 9/21/2015). Weekly auditing will be
 conducted by the night shift on Sunday nights for the full week prior. The night shift will complete
 the auditing form-which will be left for the staff manager that Monday morning, for review and
 follow up.
 - * Licensing Agency note: There is no provision for "negotiated risk agreements" in the Residential Care Home regulations Principal